



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Curlew Gardens
Name of provider:	Gateway Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	12 January 2024
Centre ID:	OSV-0008303
Fieldwork ID:	MON-0038082

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Curlew Gardens can provide residential respite care for up to 3 residents at a time who present with intellectual disability and/or autism, and who require a high level of support. Support is offered on an individualised, needs assessed basis. Curlew Gardens operates on the social model of care. Residents are supported by a staff team of nurses, social care workers, and healthcare assistants, who are rostered to support residents both during the day and at night. Curlew Gardens is a bright and modern facility that's been laid out to meet the specific needs of the residents who avail of this service. The centre is accessible and some bedrooms are equipped with assistive equipment. The centre is in a rural area, but is close to a town where residents can avail of local amenities and activities. There is dedicated wheelchair accessible transport available at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 12 January 2024	09:30hrs to 16:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with a resident who was present in the centre on the day of inspection. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, during their respite breaks in the centre. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents who received respite services there.

The centre had the capacity to accommodate up to three adults for respite breaks of durations of one to three nights. Occupancy during respite varied from one to three residents based on their assessed needs and preferences.

The inspector met with the resident who was availing of respite service at the time of inspection. Although the resident was not able to verbally express views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. The resident was smiling and was clearly relaxed and happy in the centre.

Staff were observed spending time and interacting warmly with the resident, and were very supportive of the resident's wishes and preferred activities. Observations and related documentation showed that the resident's preferences were being met during this respite break. On the morning of the inspection the resident chose to have a lie on in bed, getting up at a time of their choice, followed by a leisurely breakfast. This resident enjoyed handwriting and did this for a while before going to a day service in the area. Staff who were supporting the resident in a one-to-one capacity explained that they would be going bowling which the resident enjoyed and that they had been out shopping the previous day.

It was evident that residents were involved in how they lived their lives during their respite breaks. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning during each break.

The centre was a detached rural house, which had been adapted to meet the needs of residents. It was warm, clean and suitably furnished and equipped to meet the needs of residents. There were two sitting rooms in the centre which gave residents the choice to spend time together or to have time alone. Specialised equipment such

as overhead hoists were available in some bedrooms and accessible bathroom facilities were provided, which enhanced the comfort and safety of residents with physical and mobility issues. Each resident had their own bedroom during respite breaks. However, there was limited furniture space in which residents could store their personal clothing and belongings while they were staying in the centre. Furthermore, the centre was sparsely decorated with minimal decorative features provided throughout the house. There was no evidence that this form of décor was based on residents' preferences or assessed needs. There was a large accessible garden and patio area, which were well maintained. However, there was no outdoor play equipment, garden furniture where residents could sit out, or planting schemes or other features for residents to take part in.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support were delivered to a high standard. Overall, these arrangements ensured that a good quality and safe service was provided to residents. However, some management systems required strengthening to ensure that a good quality and safe service would continue to be maintained. The improvements required in the centre related largely to oversight of the service, policies, service agreements, fire safety and premises.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who was based in the centre, who worked closely with staff and with the wider management team, and was very knowledgeable regarding the individual needs of each resident who received respite services there. There were arrangements to support staff when the person in charge was not on duty.

There were generally good leadership and management arrangements in place to govern the centre. These included ongoing management meetings, auditing of the service and monthly governance reports which identified any areas for improvement in the centre. However, the provider's auditing system had failed to highlight areas for improvement identified at this inspection such as fire drills, premises, operational policies and service agreements.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs during their respite breaks.

The provider had ensured that staff were suitably trained to support residents and to keep them safe. Staff had attended a wide range of training relevant to their roles, such as medication management, manual handling, first aid, epilepsy care and infection control, in addition to mandatory training in fire safety, behaviour support, and safeguarding. The policies required by the regulations were also available in the centre to guide staff. The majority of the policies were available and were up-to-date. However, one policy was not available, and one did not provide sufficient guidance on an aspect of care.

Written agreements for the provision of service had been developed for each resident who received respite service in the centre, and these had been agreed with residents and or their representatives. However, some information regarding the service to be provided to each resident was unclear.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very familiar with residents' support needs.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were suitably allocated to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended a wide range of other training relevant to their roles, such as medication management, manual handling, first aid, epilepsy care and infection control.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, the provider's auditing system had failed to highlight areas for improvement identified at this inspection such as fire drills, premises, operational policies and service agreements.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place to residents. These agreements had been signed by either residents or their representatives and the provider. However, information regarding the service to be provided to each resident were not stated in sufficient detail and the agreements were, therefore, unclear.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Overall, the policies required by schedule 5 of the regulations were available to guide staff and were up to date. However, some improvement to policies was required:

- the policy for the management of residents' personal property, personal finances and possessions was generic and was not specific to the centre
- an up-to-date version of the policy for the management of records was not available in the centre.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This

ensured that each resident's wellbeing was promoted at all times and that residents were kept safe. However, improvements to premises, fire safety and residents' rights were required.

Review meetings took place annually, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. As residents' stays in this centre were for short breaks, their goals and plans were primarily planned and supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

The centre was a large detached house in the countryside close to a rural town. While the house was warm, clean and well equipped, rooms were sparsely decorated and did not have a homely atmosphere. There was a spacious, secure, well maintained, accessible garden adjoining the house. However, there were no facilities or equipment in the garden for residents to use for leisure, and to enhance their enjoyment of this space.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the nearby neighbourhood. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee or meals, cinema, bowling, music and concerts, and watching sports events. The residents also liked going out for walks and drives in the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. The centre had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the current respite stay, the resident had spent time going places that they enjoyed and which were planned based on knowledge of the resident's preference.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Due to the short duration and intermittent nature of residents' respite stays, residents' healthcare arrangements were mainly supported by their families. However, residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff during respite breaks.

Residents' nutritional needs were well met. Suitable foods were made available to meet residents' assessed needs and preferences. Each resident could choose what they liked to eat each day.

The provider had systems in place to safeguard residents from harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. Arrangements were also in place to support residents to manage their behaviour if required. These included training for all staff, access to a behaviour support specialist, development of support plans, and an up-to-date policy to guide practice.

Improvement was required, however, to residents' choices around the management of their money. Some residents' money was retained by staff for safekeeping, although there had been no assessment carried out to establish if this was the preference of these residents.

The provider had measures in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, frequent fire evacuation drills, and fire doors in all bedrooms. However, evacuation times achieved during fire drill were not being consistently recorded and therefore did not demonstrate that these drills were effective in all instances. The provider was also asked to review the location of the washing machine to establish if this was safe.

The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Arrangements in place to support residents to communicate included an up-to-date communication policy, development of clear communication plans and provision of interactive communication aids. Information was also supplied to residents through interaction with staff, easy-to-read documents, and use of appropriate cues.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. There was an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community during their stays in the centre. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was well maintained, clean and comfortable, and met the aims and objectives of the service and the needs of residents. However, available

storage, décor in the centre, and the garden area required improvement.

It was found that:

- the centre was sparsely decorated with limited decorative features to increase the homeliness and comfort of the centre. There had been no assessments carried out to establish if this was the wishes of residents or in line with their assessed needs
- there was inadequate space for storage of residents' personal belongings and clothing during their stays in the centre. Bedding was being stored in resident's wardrobes and therefore residents did not have hanging space for their clothes
- there was limited storage space for miscellaneous items in the centre
- while there was a secure and well maintained back garden, this area had not been provided with any features that residents could use for their entertainment or comfort while outdoors. For example there was no garden furniture, seating or planting areas for residents to use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The resident chose what they would like to eat at mealtimes. Suitable foods were provided to cater for each residents' preferences and assessed needs.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire, and overall these measures were effective and were well managed. Some improvement, however, was required to documentation of fire evacuation drills, evaluation of the laundry area, and response to negative audit findings. It was found that :

- evacuation times were not been consistently recorded during fire drills, and consequently, the effectiveness of these drills could not be fully evaluated
- there was no record of further action taken in respect of a fire safety issue which had been identified at two consecutive fire checks. However, it was found that this matter had been suitably resolved
- the washing machine is located in a confined area, which is also used for miscellaneous storage. The provider was asked to have this area reviewed by

a competent person with experience in fire safety, to establish if this arrangement is safe.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. As respite users were based in the centre at limited times their personal plans and goals were developed in conjunction with their families, day service staff, designated centre staff and multidisciplinary support staff. The achievement of residents' goals was supported by families, day service staff, and staff in the designated centre.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were supported during their stays in the centre. As residents stays in the service were intermittent, their healthcare support was mainly managed by their families. However, their assessed healthcare needs were documented to guide staff and were supported during respite breaks.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support residents to manage their behaviour if required. These included training for all staff, access to a behaviour support specialist, development of support plans, and an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. These measures included staff training, an up-to-date policy to guide staff, development of intimate care plans for each resident, and access to a safeguarding process.

Judgment: Compliant

Regulation 9: Residents' rights

This regulation was not examined in full at this inspection. However, it was found that some residents' money was retained by staff for safekeeping, although there had been no assessment carried out to establish if this was the preference of these residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Curlew Gardens OSV-0008303

Inspection ID: MON-0038082

Date of inspection: 12/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p> <ul style="list-style-type: none"> • A more stringent auditing system will be put into place to identify areas of improvement in areas such as recording of fire drills, premises, operational policies and service agreements. <p>Due Date: 11/04/2024</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contract of care will be reviewed to clearly reflect the services that are provided in the centre. This will include the support, care and welfare of the resident and details of the services to be provided and where appropriate , the fees to be charged.</p> <p>Due date: 11/04/2024</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5 :-

- The policy in relation to residents personal property, personal finances and possessions will be reviewed to ensure it is specific to the centre and the service being provided to residents.
- The policy on the management of records will be updated within the time frames specified and made available in the centre.

Due Date: 11.04.24

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Work will be carried out on the décor of the centre to ensure it provides a homely theme throughout. The décor of the centre will be discussed with all residents at weekly meetings. This will highlight any different preferences from individuals availing of respite in the centre. The service will purchase new items and materials as required.
- Additional Alternative storage will be made available for household items and residents will have allocated storage in their bedrooms for their own personal use.
- Outdoor furniture and equipment for activities will be purchased to provide comfort and entertainment for residents.

Due date : 30/05/2024

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall make adequate arrangements for reviewing fire precautions in the centre.

- The fire drill template has been amended to include all the information required for a fire drill.
- PIC has re-inducted all staff to ensure that any issues identified within the fire checks are highlighted and reported immediately.
- ORS building and fire consultancy have reviewed the storage of the washine machine in the house. An additional control measure will be added i.e a smoke detector will be installed in the laundry room.

Due Date: 15/03/2024

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider shall ensure that each resident, in accordance with his or her

wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.

- Residents will be supported to manage their finances independently and in instances where supports are required, a formal assessment will be carried out to clearly indicate the support needed based on residents' individual will and preference.

Person Responsible : PIC

Due Date : 15/03/2024

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/05/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively	Substantially Compliant	Yellow	11/04/2024

	monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	11/04/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/03/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/03/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	11/04/2024
Regulation 04(3)	The registered provider shall review the policies	Substantially Compliant	Yellow	11/04/2024

	and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	15/03/2024